

Name  
in  
Full

Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup>		<u>Ad</u> <sup>County</sup>		MARYLAND	
Date of death 1903	<u>April</u> <sup>Month</sup>	<u>29<sup>th</sup></u> <sup>Day</sup>	<u>Age</u> <sup>Years</sup>	Months	Days
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <u>Louis Allen</u>			Father's Birthplace <u>Annapolis</u>		
Mother's Maiden Name <u>Mamie Matthews</u>			Mother's Birthplace <u>Annapolis</u>		
Name of person giving information <u>Father</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still born</u>	How long	<u>1</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of <u>Annie Brown</u>	
		Address <u>Midwife</u> <u>Annapolis</u> <u>Md.</u>	
Accident or Suicide?			



Name  
in  
Full

Wm Allen

## CERTIFICATE OF DEATH

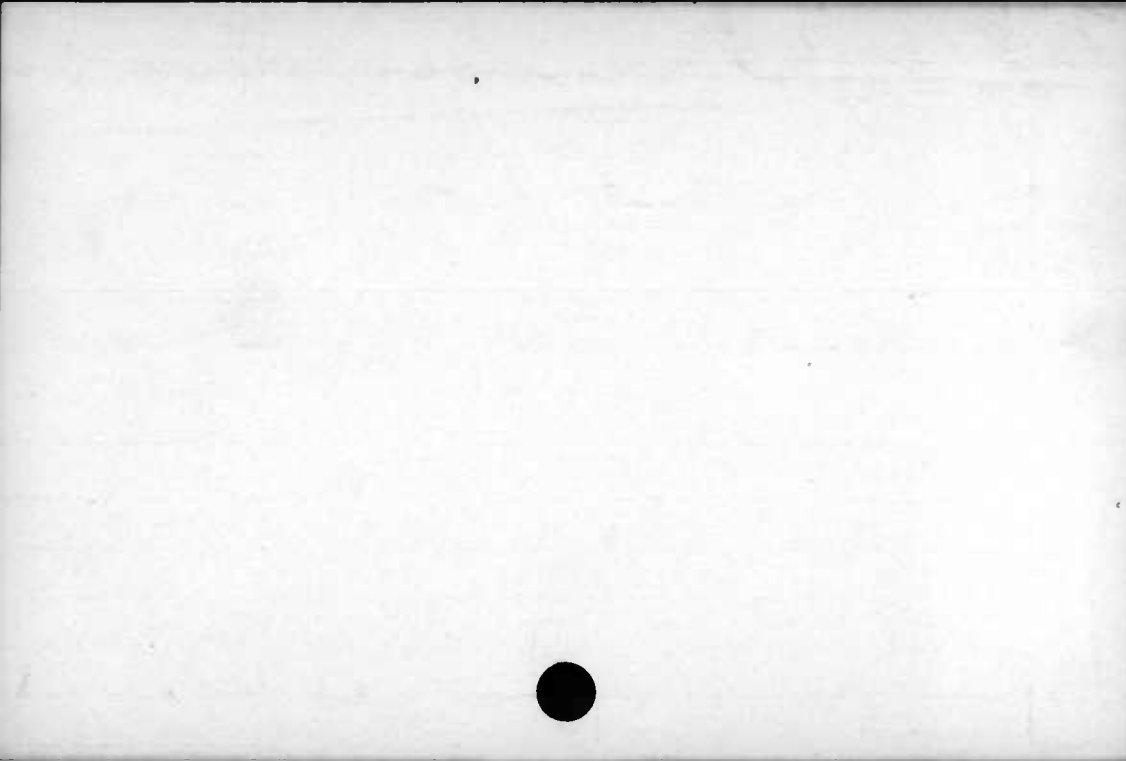
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Waterbury</i> Town		<i>Annie Arundel</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>4</i>	Day <i>4</i>	Age <i>74</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>Waterbury Md</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Fisherman</i>			
Name of Wife or Husband <i>Mary Allen</i>					
Father's Name <i>Jeremiah Allen</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Hester - don't know</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving Information <i>Serrina Wilson</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Esophagus</i>	How long <i>3 Months</i>
Immediate <i>Asthemia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W DuBois M.D.</i>
	Address <i>Gambrell Md</i>
Accident or Suicide?	



Name  
in  
Full

Louis Elma Betters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Parole* Town *Anne Arundel* County

Date of death 190 *3* Month *Apr.* Day *1* Age Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Parole*

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name *Edward Betters*

Father's Birthplace *Pt. George Co.*

Mother's Maiden Name *Caroline Buster*

Mother's Birthplace *A. A. Co. Md*

Name of person giving information *Edward Betters*

How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* *93*

How long *6 wks*

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. B. Gant*

Address *Millersville*

Accident or Suicide?

.1



Name  
in  
Full

Samuel Barne

CERTIFICATE OF DEATH

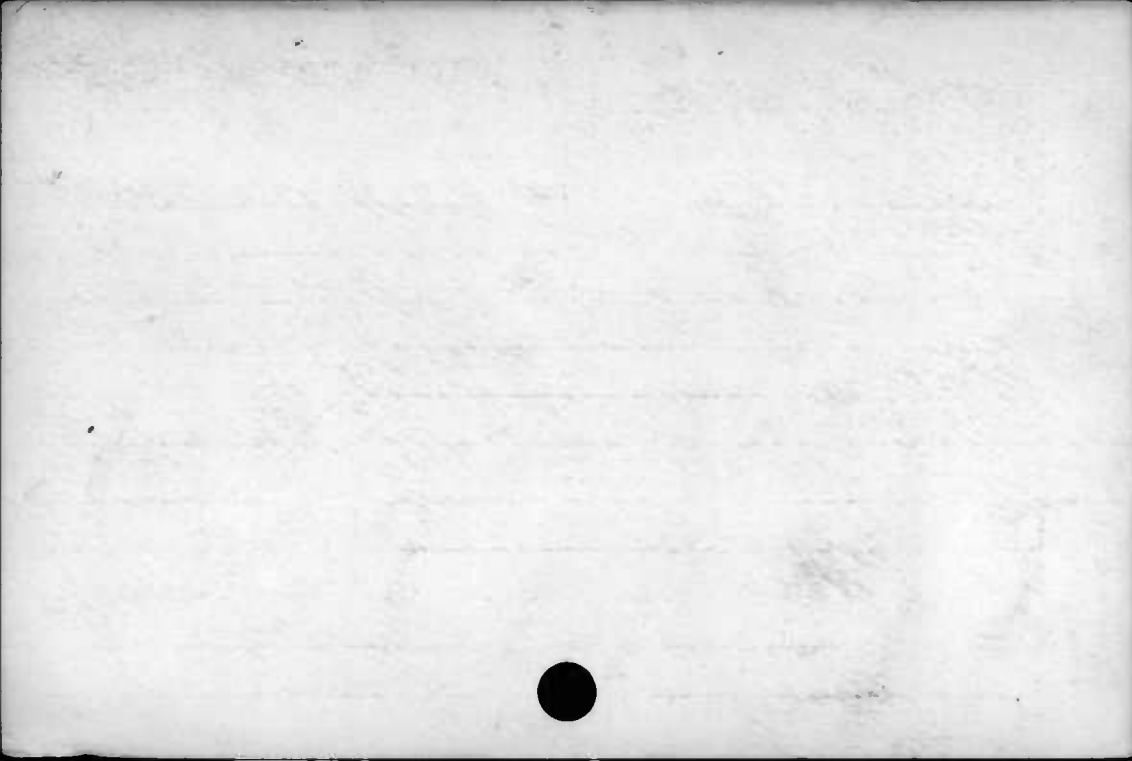
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		South Baltimore		A. A.		County		MARYLAND			
Date of death 1903		Month 4		Day 13		Age 50		Months		Days	
Sex Male		Color or Race Black		Birth-place Ma							
Married, Single or Widowed				Occupation Laborer							
Name of Wife or Husband											
Father's Name				Barney 179				Father's Birthplace Ma			
Mother's Maiden Name				Eliza Mackel				Mother's Birthplace Ma			
Name of person giving information				Martha Brown				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Paralysis of the heart		How long	
Immediate		Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician W. L. Hawkins	
				Address Brooklyn	
Accident or Suicide?				Ma	





Name in Full		Gom 56 Brashears				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Annapolis</u>		Town <u>Annapolis</u>		County <u>A</u>		MARYLAND	
	Date of death 190 <u>3</u>		Month <u>April</u>	Day <u>24<sup>th</sup></u>	Age <u>1</u>	Years <u>1</u>		Months <u>3</u>
	Sex <u>Male</u>		Color or Race <u>colored</u>		Birth-place <u>Annapolis</u>			
	Married, Single or Widowed		Occupation					
	Name of Wife or Husband							
	Father's Name <u>Gom Brashears</u>				Father's Birthplace <u>Art Co.</u>			
	Mother's Maiden Name <u>Emiline Coates</u>				Mother's Birthplace <u>Annapolis</u>			
Name of person giving information <u>Mother</u>				How related to deceased <u>Mother</u>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <u>Typhoid Pneumonia</u>				How long <u>Two days</u>			
	Immediate <u>Asthma</u>				How long <u>93</u>			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>J. W. Campbell</u>			
	<u>yes</u>				Address <u>Annapolis Md</u>			
	Accident or Suicide?							



Name  
in  
Full

Pearl Elizabeth Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Brooklyn

County

D. C.

MARYLAND

Date

of death 190

3

Month

Apr

Day

3

Age

Years

—

Months

3

Days

—

Sex

Female

Color of  
Race

Black

Birth-  
place

Brooklyn Md

Married, Single  
or Widowed

—

Occupation

—

Name of Wife or  
Husband

—

Father's  
Name

William H. Brooks

Father's  
Birthplace

Baltimore Md

Mother's  
Maiden Name

Lillie Brooks

Mother's  
Birthplace

Arl Co. Md

Name of person giving  
information

W H Brooks

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Whooping Cough

How long

2 weeks

Immediate

Convulsions

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

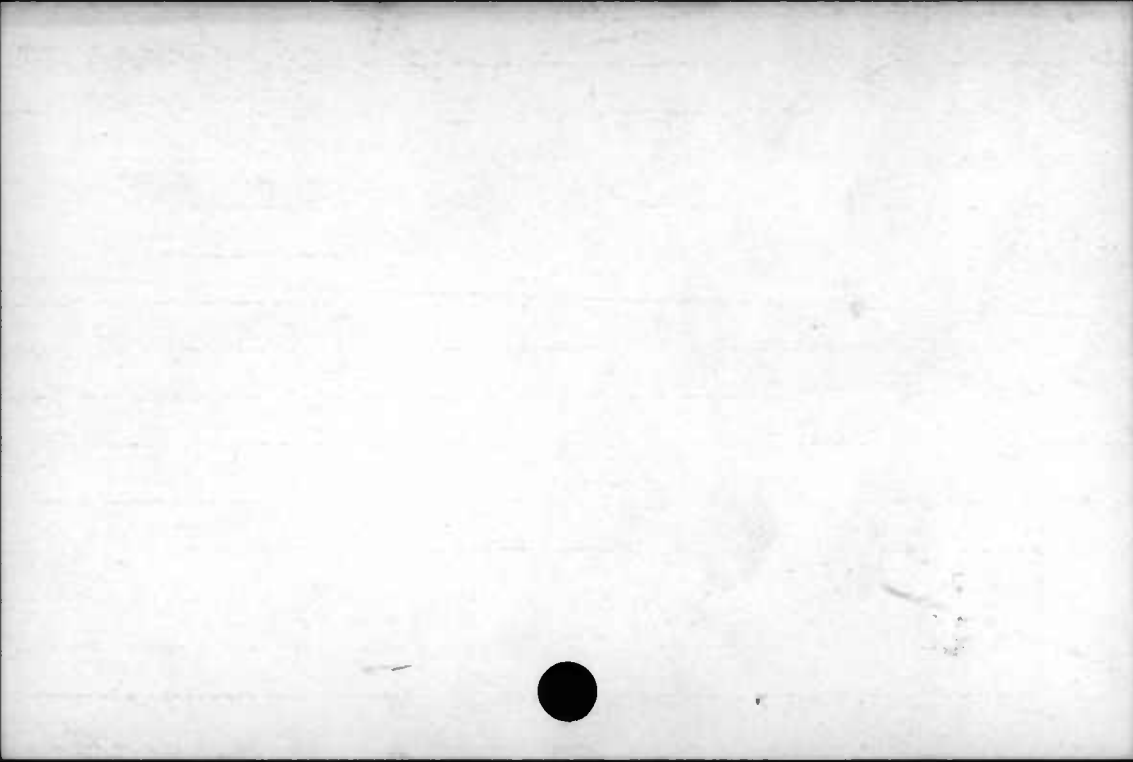
Chas B Horton M.D.

Address

So. Baltimore Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

George A. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>MD House of Correction - Jessup Anne Arundel</i>		Town		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>12</i>	Age <i>43</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>69</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Epilepsy</i>	How long	<i>10 years</i>
Immediate	<i>Syncope</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>O. J. Carries M.D.</i>
		Address	<i>Physician in charge of</i>
Accident or Suicide?			<i>MD House of Correction - Jessup, MD</i>



Name  
in  
Full

Louis Roosevelt Brown

## CERTIFICATE OF DEATH

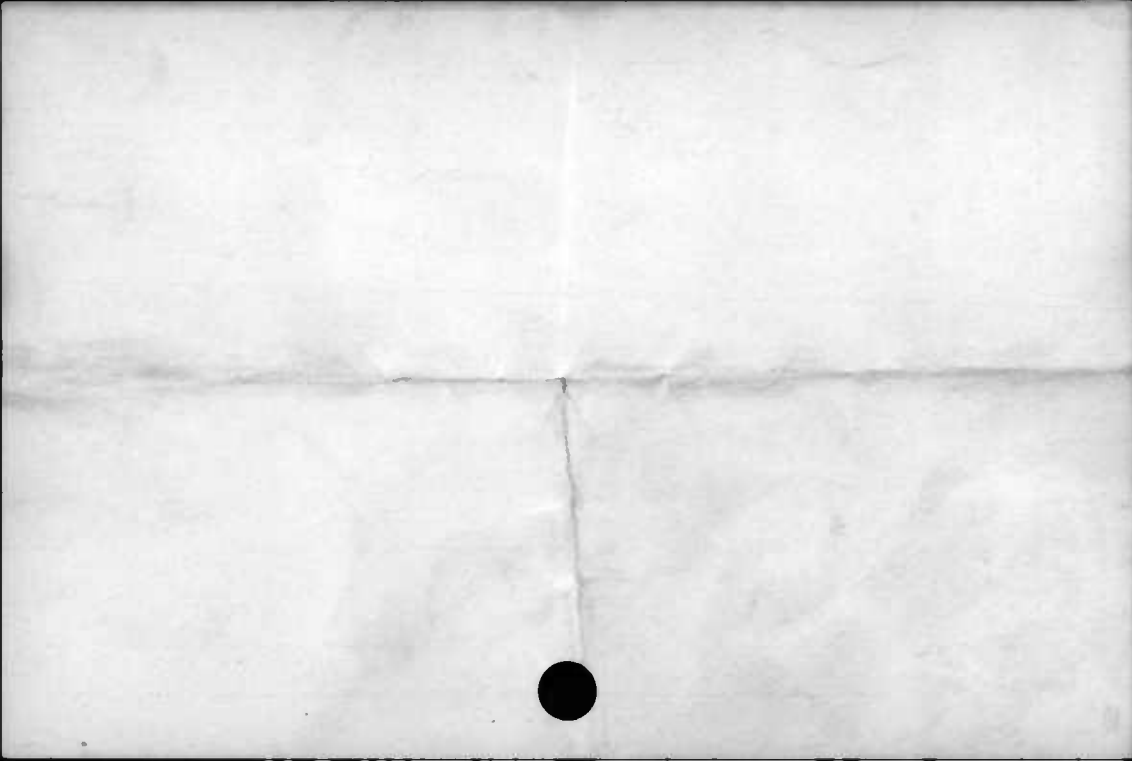
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Tow <i>Shady Side</i>		County <i>a. a</i>		MARYLAND		
Date of death 190		3	Month <i>4</i>	Day <i>28</i>	Age <i>1</i>	Years <i>6</i>	Months <i>6</i>	Days <i></i>
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i></i>						
Name of Wife or Husband <i></i>								
Father's Name <i>Thomas A. Brown</i>		Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Harriett Ann Handy</i>		Mother's Birthplace <i>Maryland</i>						
Name of person giving In formation <i>Thomas A. Brown</i>		How related to deceased <i>Father</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>71</i>	How long <i>One Month</i>
Immediate <i>Spasms</i>		How long <i>One Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. G. B. Boyd</i>	Address <i>Shady Side</i>
Accident or Suicide?		<i>Md.</i>





Name  
in  
Full

Mary E Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>2 District</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	Month <i>3</i>	Day <i>1</i>	Age <i>10</i>	Months <i>—</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles H. Brown</i>			Father's Birthplace <i>A. A. Co</i>		
Mother's Maiden Name <i>Susan E. Lammone</i>			Mother's Birthplace <i>A. A. Co</i>		
Name of person giving information <i>C. H. B.</i>			How related to deceased <i>Father.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright Disease</i>	How long <i>100</i>	How long <i>Several Years</i>
Immediate <i>Convulsions</i>		How long <i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. W. Antington</i>	
	Address <i>Annapolis Md</i>	
Accident or Suicide?		



Name  
in  
Full

Benj Carroll

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Harwood</u> <sup>Town</sup>		<u>aa</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>3</u> <sup>Month</sup>	<u>20</u> <sup>Day</sup>	<u>90</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u>3</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>M. G. Co</u>		
Married, Single or Widowed <u>single</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband _____					
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <u>Eniell. Hephburn</u>			How related to deceased <u>Niece</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Old Age</u>	How long <u>154</u>
Immediate <u>Heart failure</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Samuel W. Ratimer</u>
_____	Address <u>West River Md</u>
Accident or Suicide? <u>Neither</u>	



Name in Full <i>Wm E. Carter</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i>	County <i>St</i>	MARYLAND
	Date of death 190 <i>3</i> Month <i>April</i> Day <i>26</i> Age <i>4</i> Years Months Days		
	Sex <i>Male</i> Color or Race <i>colored</i> Birth-place <i>Annapolis</i>		
	Married, Single or Widowed	Occupation	
	Name of Wife or Husband		
	Father's Name <i>Wm Carter</i>	Father's Birthplace <i>Virginia</i>	
	Mother's Maiden Name <i>Ibester Lloyd</i>	Mother's Birthplace <i>Annapolis</i>	
	Name of person giving information <i>Mother</i>	How related to deceased <i>Mother</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Marasmus</i>	How long <i>105</i>	
	Immediate <i>Exhaustion</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>	
	<i>Yes</i>	Address <i>Annapolis Md</i>	
	Accident or Suicide?		



Name  
in  
Full

Mary A Clarke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Jessup		County Anne Arundel		MARYLAND	
Date of death 190		3	Month 4	Day 26	Age 80	Months —	Days —
Sex Female		Color or Race White		Birth- place MD			
Married, Single or Widowed Married		Occupation					
Name of <del>Wife or</del> Husband John J. Clarke							
Father's Name Wm. H. Jordan		Father's Birthplace MD					
Mother's Maiden Name Mrs. Grindell		Mother's Birthplace MD					
Name of person giving in formation J. B. Blake		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Congestion	How long	4 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. P. Carver	
yes		Address Jessup - MD	
Accident or Suicide?		—	





Name  
in  
Full

James Oliver Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williams</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>20</i>	Age <i>2</i>	Months <i>2</i>	Days <i>5-</i>
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Williams, Md</i>	
<del>Married</del> Single or <del>Widowed</del>		Occupation			
Name of Wife or Husband					
Father's Name <i>James Oliver Edwards</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Hannetta Bond</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>James Bond</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i> <i>93</i>	How long <i>4 weeks</i>
Immediate <i>congestion of the lung</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. R. Winters</i>
	Address <i>Eekridge</i>
	<i>Maryland</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

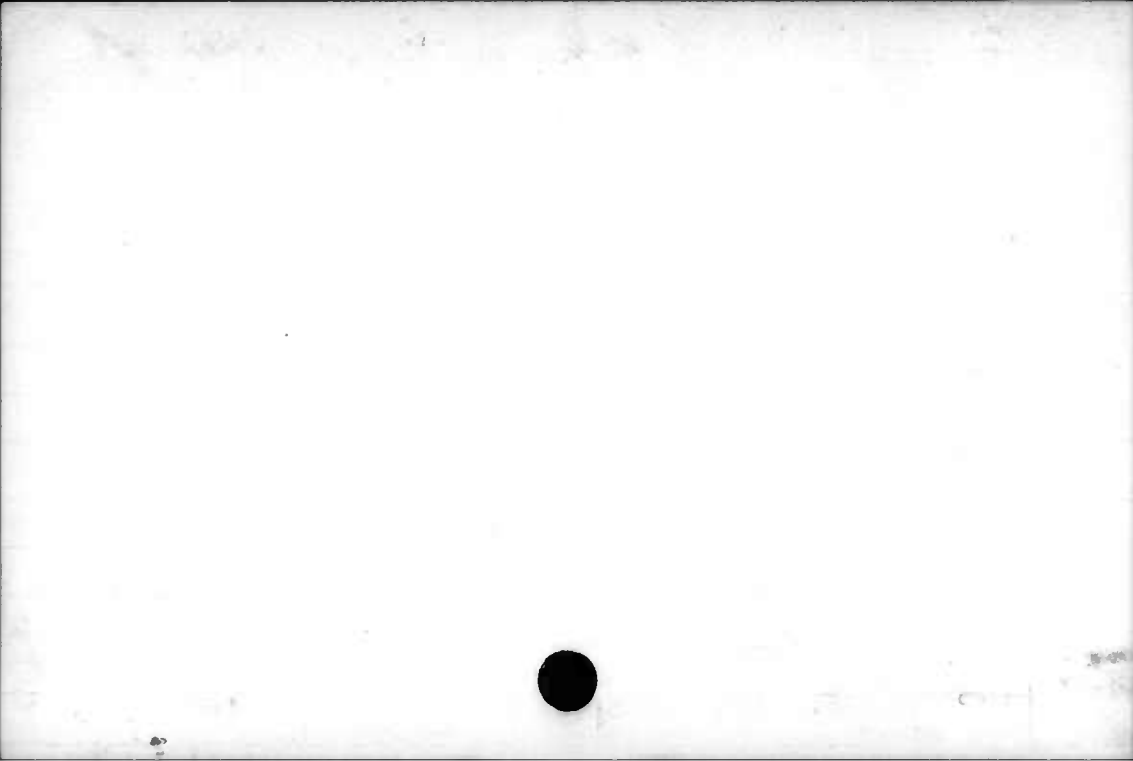
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>30</i>	Age <i>15</i>	Years <i>15</i>	Months <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Student</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>Charles Ellinghausen</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Annice Lofgren</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Charles Ellinghausen</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>None</i>	How long <i>15</i>
Immediate <i>Craniotomy Birth</i>	How long <i>15</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Genvel S. Hepburn M.D.</i>
	Address <i>Md. Ave</i>
Accident or Suicide? <i>None</i>	<i>Annapolis Md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		Apr	29	17		3	18
Sex		Color or Race		Birth-place			
Female		Colored		Md.			
Married, Single or Widowed		Occupation					
Single		None					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Richard Fax				Md.			
Mother's Maiden Name				Mother's Birthplace			
Lizzie Hardy				Md.			
Name of person giving information				How related to deceased			
Richard Fax				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever		How long	3 weeks
Immediate	Perforation of bowels		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo T Gent Md.	
Yes		Address	Churchton	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

Cornelia Ireland

Town

County

MARYLAND

Died at

Bristol

Anne Arundel

Date

of death 190

3

Month

Apr.

Day

28

Years

Age

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Ind.

Married, Single  
or Widowed

Married

Occupation

Midwife

Name of Wife or  
Husband

Frank Ireland.

Father's  
NameFather's  
BirthplaceMother's  
Maiden Name

Hannie Johnson

Mother's  
BirthplaceName of person giving  
Information

Frank Ireland

How related  
to deceased

Husband.

## CAUSES OF DEATH

Primary

Heart disease 79

How long

Several years

Immediate

"

"

How long

death sudden

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

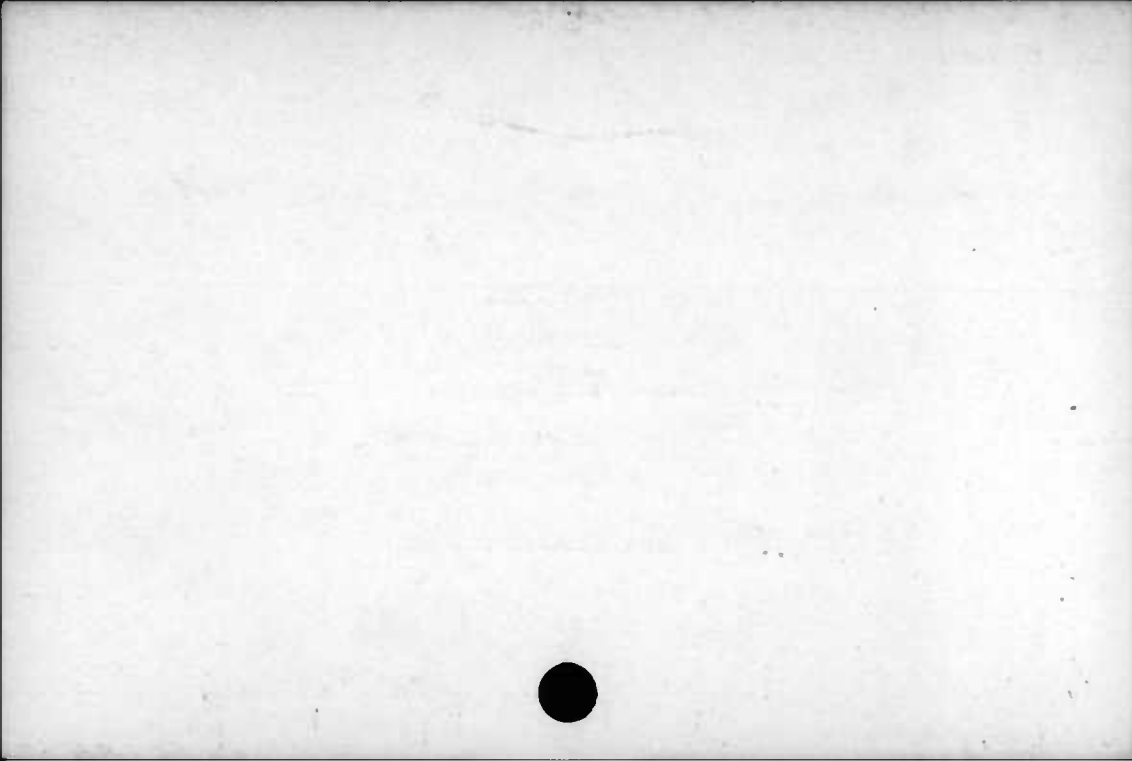
A. H. Perrie

McKendree Ind.

Note:—Impossible to obtain  
further information relative  
to deceased

A. H. Perrie

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Bettie Garner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Patapsco River</i>		Town		<i>Ad</i>		County	
Date of death 1903		Month <i>4</i>		Day <i>1</i>		Years	
Sex <i>Female</i>		Color or Race <i>Cal</i>		Birth-place <i>Md</i>		Months	
Age <i>26</i>		Occupation		Days			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name <i>Arthur Garner</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Helen Peterson</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Arthur Garner</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>congestion of lungs</i>	How long	<i>2 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J B Hall</i>
		Address	<i>Mr Winans</i>
Accident or Suicide?			



Name  
in  
Full

Julia Gross

## CERTIFICATE OF DEATH

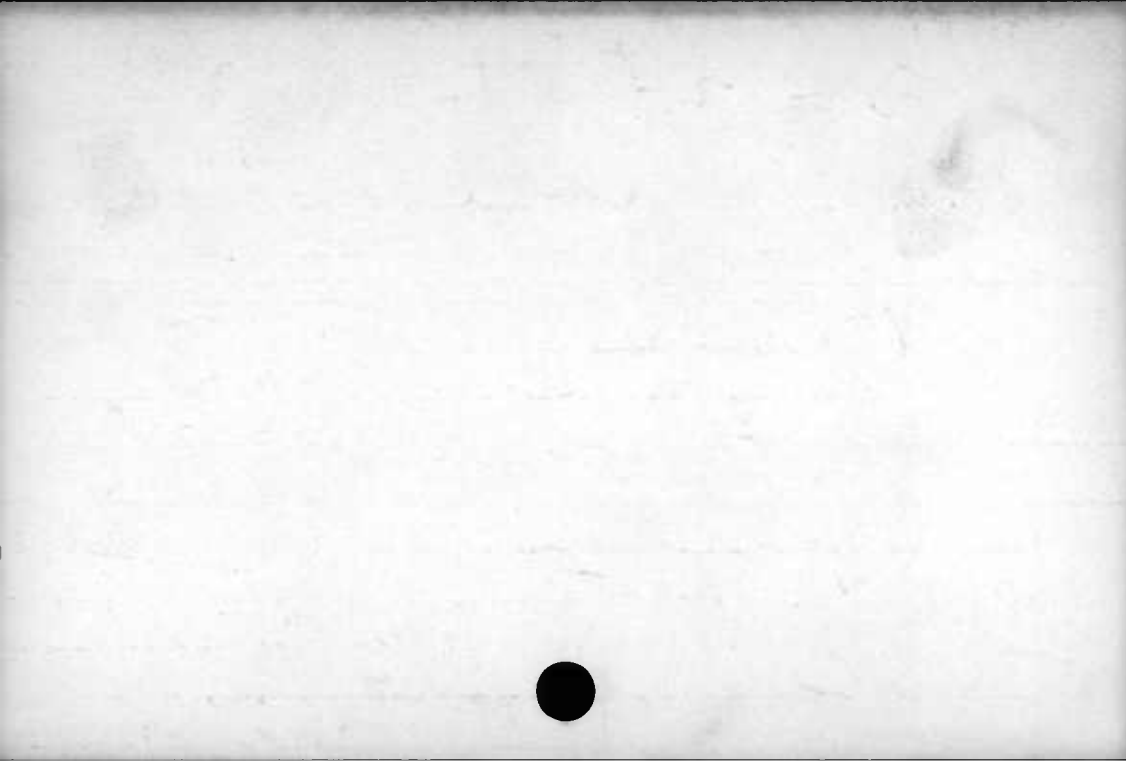
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>East Port.</u> <sup>Town</sup>		<u>Ad</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3 April</u> <sup>Month</sup>		<u>11</u> <sup>Day</sup>		<u>11</u> <sup>Months</sup>	
Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place	
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <u>Wm Gross</u>			Father's Birthplace <u>Ad Co.</u>		
Mother's Maiden Name <u>Sarah A. Leno.</u>			Mother's Birthplace <u>Annapolis</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Months</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout M.D.</u>
<u>yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide? <u>no</u>	



Name in Full

Certificate of Death

Sarah B. Grubbs

Town

County

Died at Brooklyn

A A

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1903

Apr 28

Age 34

Virginia

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2.

Husband

of

Wife

Father's

Name

James T. Grubbs

Wm B. Menefee

Mother's

Name

Rebecca F. Menefee

Cause of

Primary

Acute Arterial Rheumatism

How long sick

8 days

Death

Immediate

Penicillin

Accident, Suicide, Homicide

Reported by

F. J. Robinson

M D

Address

Brooklyn A A

M D

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Full

TO BE ANSWERED BY  
NEAREST FRIEND

Mary A. Haislett.

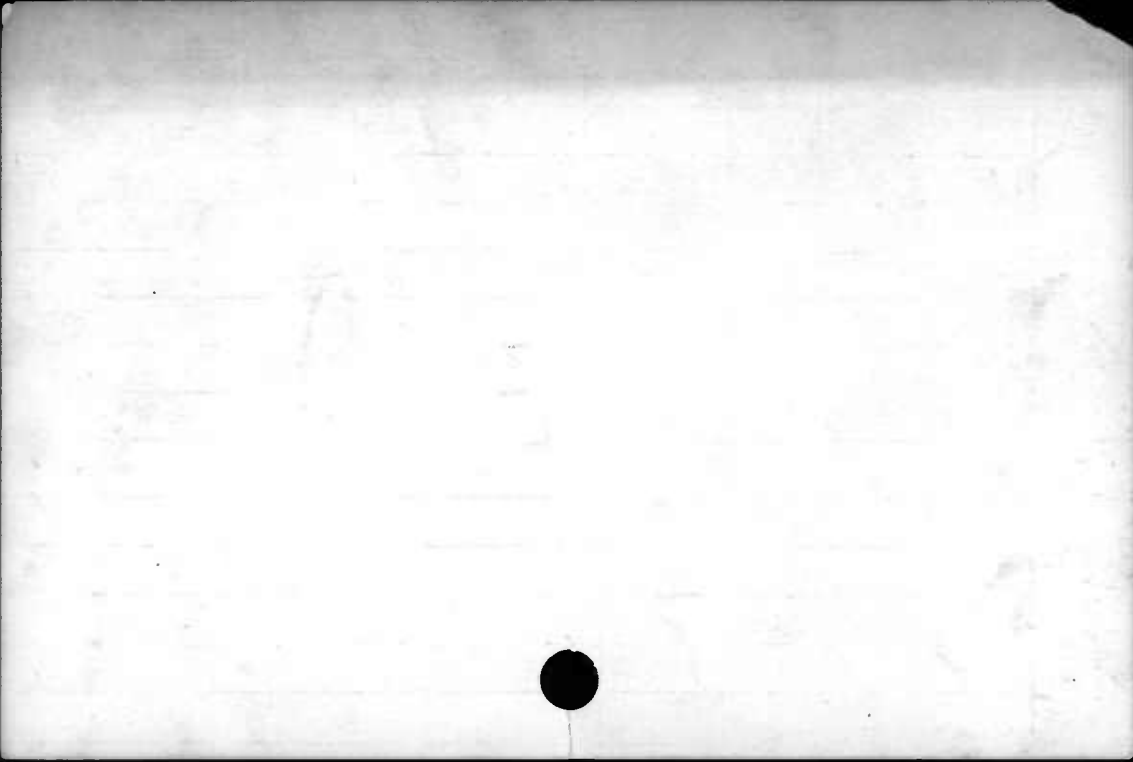
## CERTIFICATE OF DEATH

Died at <sup>Town</sup> <u>Annapolis</u>		<sup>County</sup> <u>Anne Arundel</u>		MARYLAND	
Date of death 190	<sup>Month</sup> <u>3</u>	<sup>Day</sup> <u>11</u> <sup>ch</sup>	<sup>Years</sup> <u>22</u>	<sup>Months</sup> <u>—</u>	<sup>Days</sup> <u>6</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Balto</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>Wm. H. Haislett</u>					
Father's Name <u>Wm. V. Manner</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Marg. Andrews</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Dr. P. Thompson</u>			How related to deceased <u>Sister in Law</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Apoplexy</u>	How long <u>1-3 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. Murphy</u>
	Address <u>44 Condoek st</u>
Accident or Suicide?	





Name  
in  
Full

Ozella Hall

## CERTIFICATE OF DEATH

Town

County

Died at

Leuree

Anne Arundel

MARYLAND

Date

of death 190

3

Month

Apr.

Day

7

Years

Age

~~37~~ 0

Months

8

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

A.A. Co. Md.

Married, Single  
or Widowed

Single

Occupation

Name of Wife or  
HusbandFather's  
Name

James Hall

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Hannah Easton

Mother's  
Birthplace

Ind.

Name of person giving  
Information

Chas Hall

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Pneumonia

How long

93

1 week

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

A. H. Perrie

McKendree, Ind.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Richard D. Hall

Town

County

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Apr 16

Age 56-

Md

Farmer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living, 8

Husband

of Margaret H Hall

~~Wife~~

Father's

Mother's

Name

Sam L Hall

Maiden Name

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Consumption

93

Accident, Suicide, Homicide

Reported by

Dr. Crain

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 20000



Name In Full

Certificate of Death

Alexander Drysdale Hamilton

Town

County

Died at

MARYLAND

Date <sup>1903</sup> 189 <sup>Month</sup> Apr <sup>Day</sup> 3 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> 18 <sup>Native of</sup> Ala. <sup>Occupation</sup> Clerk  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living ☐

Husband of  
Wife

Father's  
Name

Dr. Hamilton

Mother's  
Name

+

Cause of

Primary

Typhoid fever

How long sick

4 weeks

Death

Immediate

intestinal hemorrhage

Accident, Suicide, Homicide

Reported by

W. F. Taylor

Address

Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Ruth Halland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>McKendree</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small>	<u>Apr.</u> <small>Day</small>	<u>13</u> <small>Years</small>	Age <u>    </u>	Months <u>5</u>	Days <u>29</u>
Sex <u>Female</u>	Color or Race <u>Bluish</u>	Birth-place <u>A.A. Co. Ind</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>    </u>				
Name of Wife or Husband <u>    </u>					
Father's Name <u>Albert Halland</u>			Father's Birthplace <u>A.A. Co., Ind</u>		
Mother's Maiden Name <u>Sarah Dorsey</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Albert Halland</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pertussis</u>	How long <u>2 weeks</u>
Immediate <u>Convulsions</u>	How long <u>1 Day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. H. Perrie</u>
	Address <u>McKendree</u>
Accident or Suicide? <u>    </u>	





Name in Full

Certificate of Death

Anna Jackson

Town

County

Died at

Harmans

Anne Bundeel

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03 April 29

Age

30

Anne Bundeel's Housekeeper

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

one

~~Husband~~

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

How long sick

6 mo

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name - <i>Bertha Johnson</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Month <i>April</i>		Day <i>19<sup>th</sup></i>		Age <i>21</i>	
Date of death 190 <i>3</i>		Years <i>1</i>		Months <i>8</i>		Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>House girl</i>					
Name of Wife or Husband <i>Philip L. Johnson</i>							
Father's Name <i>Philip L. Johnson</i>				Father's Birthplace <i>Prince George's</i>			
Mother's Maiden Name <i>Sarah Carroll</i>				Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Margaret Johnson</i>				How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malaria &amp; Gripe</i>		How long <i>Three months</i>	
Immediate <i>Weakness &amp; Exhaustion</i>		How long <i>Two weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. W. Campbell</i>	
		Address <i>34 Second St.</i>	
Accident or Suicide? <i>No</i>			



Name in Full <b>Charles Kuehner</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Brooklyn</b> <small>Town</small>		<b>Anne Arundel Co.</b> <small>County</small>
	MARYLAND		
	Date of death 190 <b>3</b>	Month <b>April</b>	Day <b>fifth</b>
	Age <b>—</b> <small>Years</small>		Months <b>four months</b>
	Sex <b>male</b>		Color or Race <b>white</b>
	Married, Single or Widowed <b>single</b>		Occupation <b>none</b>
	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <b>Henry Kuehner</b>		How related to deceased <b>brother</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Capillary bronchitis</b>		How long <b>5 days</b>
	Immediate <b>apoplexy</b>		How long <b>" "</b>
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Pierre G. Darach</b>
			Address <b>121 Jackson Square</b>
	Accident or Suicide?		



Name  
in  
Full

Frank Krager

CERTIFICATE OF DEATH

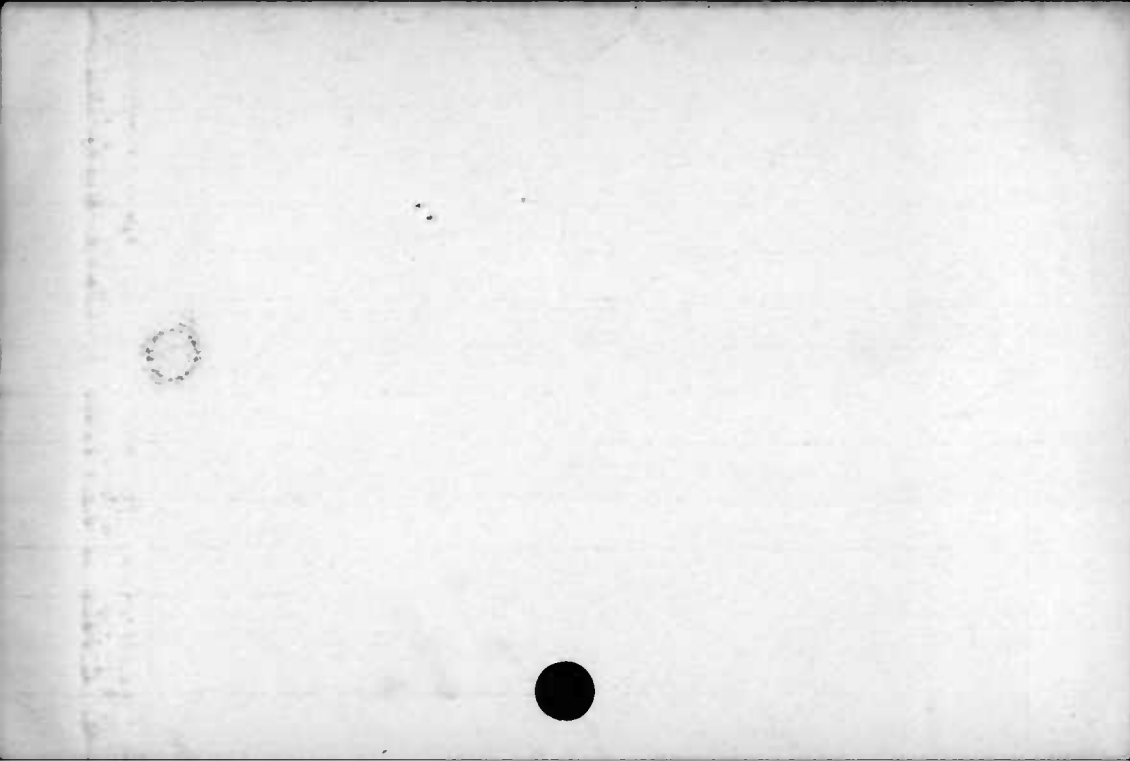
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Severn</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>7</i>	Years <i>17</i>	Months <i>7</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmers</i>			
Name of Wife or Husband <del>X</del>					
Father's Name <i>James Krager</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Rosie King</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Rosie Miller</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Accident</i>	How long	<i>166</i> <i>Instantaneous</i>
Immediate	<i>Crushed by a Mule jumping on him</i>	How long	<i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. W. Dubois MD</i>
		Address	<i>Farmville, Va</i>
Accident or Suicide?	<i>Accident</i>		





Lanthicum

Died at Wells <sup>Town</sup> Stundel <sup>County</sup> MARYLAND

Date 19 03 <sup>Month</sup> April <sup>Day</sup> 24 Age Stillborn <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband  
of

Wife

Father's Name Wade Hampton Lanthicum <sup>Mother's</sup> Elmer Brown <sup>Maiden Name</sup>

Cause of Death { Primary Cerebral Compression <sup>How long sick</sup>  
Immediate Still Born <sup>Accident, Suicide, Homicide</sup>

Reported by

Address

E. R. Winkerson  
Seaside Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Antionette O. Linthicum

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Jessup</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>4</u> <sup>Month</sup>	<u>30</u> <sup>Day</sup>	Age <u>69</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Utica, N. Y.</u>			
Married, <del>Single</del> <del>Widowed</del>		Occupation			
Name of <del>Wife</del> <sup>Husband</sup> <u>Asa S. Linthicum</u>					
Father's Name <u>Alfred Kindron</u>			Father's Birthplace <u>Utica N. Y.</u>		
Mother's Maiden Name <u>Maria <del>Mc</del> Carthy</u>			Mother's Birthplace <u>Utica N. Y.</u>		
Name of person giving information <u>Asa S. Linthicum</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cerebral hemorrhage</u>	How long	<u>24 hours</u>
Immediate	<u>Pneumia</u>	How long	<u>5 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>P. A. Edmund</u>	
<u>Yes —</u>		Address <u>Jessup Md</u>	
Accident or Suicide? <u>No</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190		3	4	18	Age	58	9
Sex	female		Color or Race	African		Birth-place	Calvert County
Married, Single or Widowed	Married		Occupation	House Keeper			
Name of Wife or Husband	Henry Matthews						
Father's Name	Richard Evans					Father's Birthplace	Calvert Co
Mother's Maiden Name	Rachel Ann Griffin					Mother's Birthplace	Calvert Co
Name of person giving information	Elizabeth Boon					How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy		How long	Instantaneous
Immediate	Exhaustion		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. M. DuBois MD
			Address	Gambrells MD
Accident or Suicide?				



Name  
in  
Full

A Grace E. Mullan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Annapolis* Town *Anne Arundell* County **MARYLAND**

Date of death 190 *3* Month *April* Day *24* Age *66* Years Months *1/2* Days

Sex *Male* Color or Race *White* Birth-place *Annapolis, Md*

Married, Single or Widowed *Married* Occupation

Name of Wife or Husband *Virginia Bunker Mullan*

Father's Name *John Mullan* Father's Birthplace *Armagh Ireland*

Mother's Maiden Name *Mary A. Bright* Mother's Birthplace *Annapolis, Md*

Name of person giving information *John Mullan* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

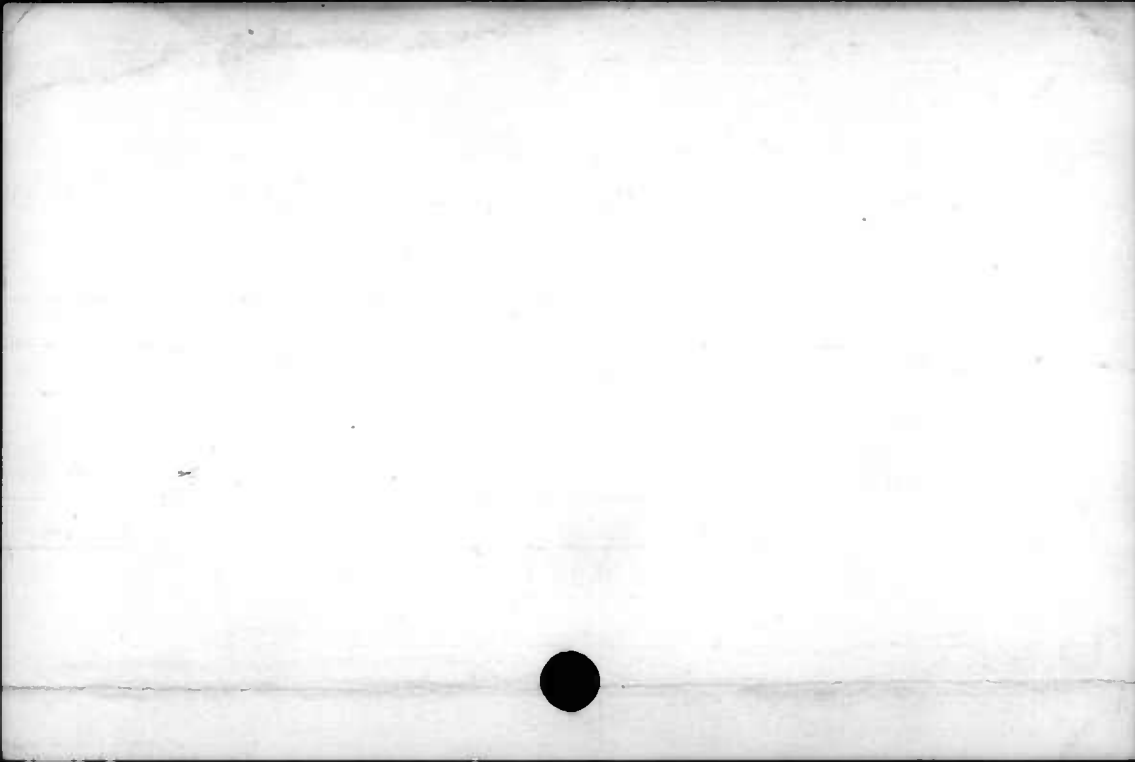
Primary *"Loa Grippe"* How long *Seven days.*

Immediate *Valvular heart disease* How long *Ten years.*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo. Wells*

Address *Annapolis, Maryland.*

Accident or Suicide? *No*





Name  
in  
Full

Mary J Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pico Groveville		County Anne Arundel		MARYLAND	
Date of death 1903		Month April		Day 29		Age 94	
Sex Female		Color or Race White		Birth- place Maryland		Months 6	
Married, Single or Widowed Married		Occupation House Wife		Years 24		Days	
Name of Wife or Husband Mary J Owens							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information B A Harrison				How related to deceased Low in Law			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Old Age		8 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. Benj R Davidson	
		Address Davidsonville Md	
Accident or Suicide?		per law	



Name  
in  
Full

Daniel Parker

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Bayard

Date of death 1903 April

Day

1

Age

Years 0

Months

9

Days

5

Sex Boy

Color or Race

Black

Birth-place

Bayard

Married, Single or Widowed

Single

Occupation

Name of Wife or Husband

Father's Name

Isaac Parker

Father's Birthplace

Ad Co Md

Mother's Maiden Name

Alice Young

Mother's Birthplace

Calvertes Md

Name of person giving information

Isaac Parker

How related to deceased

father

CAUSES OF DEATH

Primary

Indigestion

How long

6 hours

Immediate

Embolism

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Samuel W. Kistner M.D.

Address

West River Md

Accident or Suicide?

Neither

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ellen Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chesterfield</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death 190 <u>8</u>	<u>4</u> <small>Month</small>	<u>26</u> <small>Day</small>	Age <u>45</u> <small>Years</small>	<u>      </u> <small>Months</small>	<u>      </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>African</u>		Birth-place <u>P.T. Co</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>House Wife</u>			
Name of Wife or Husband <u>Thomas Parker</u>					
Father's Name <u>Harrod</u>			Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>Richard Thomas</u>			How related to deceased <u>Brother in law</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>8 years</u>
Immediate <u>Consumption</u>	How long <u>one year</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>[Signature]</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

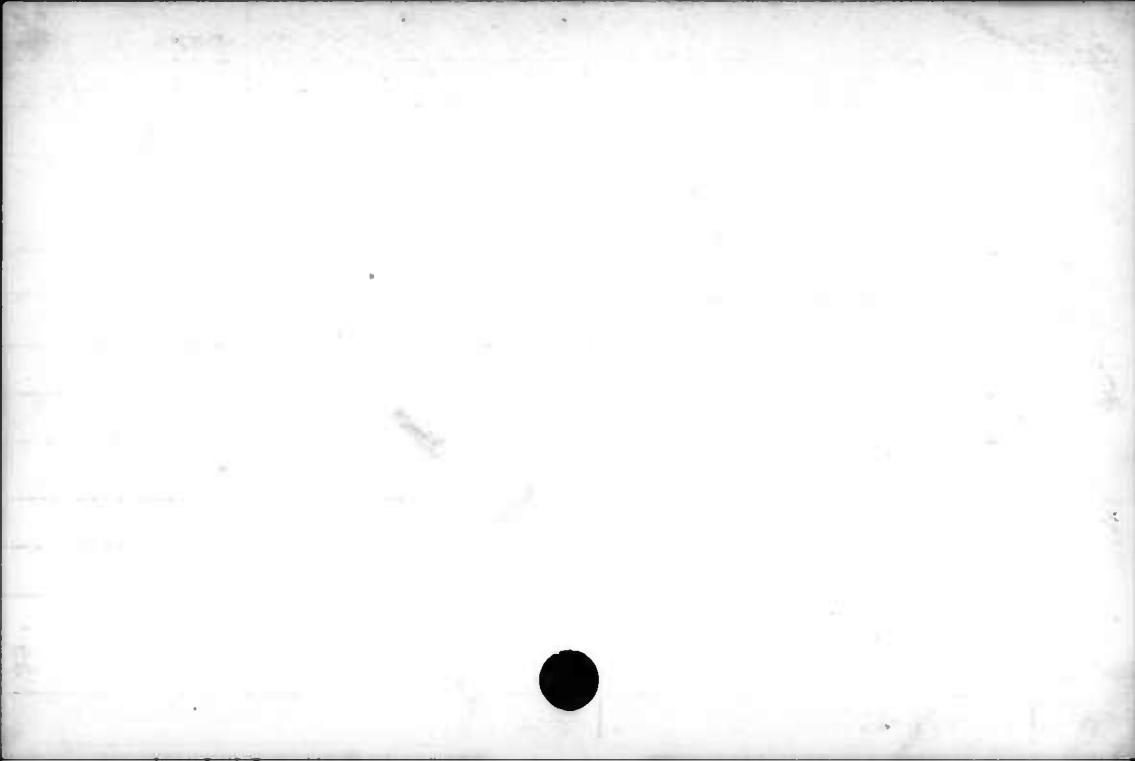
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Annapolis</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>17</i>	Age <i>95</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co. Md.</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>John Parodi</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>John Parodi</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infirmities of old age</i>	How long <i>154</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Wells, M.D.</i>
	Address <i>Annapolis, Md.</i>
Accident or Suicide?	





Richard H. Phelps.

Town

County

MARYLAND

Died at Armiger, Anne Arundle

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

April

17

Age 54 years

A. A. Co.

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living one

Husband

of

Caroline Phelps

~~Wife~~

Father's

Mother's

Name

Name

Cause of

Primary

Chronic Malaria

How long sick

3 years

Death

Immediate

Sepsaemia

Accident, Suicide, Homicide

Reported by

Elijah Williams M. D.

Address

Armiger, A. A. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Chittles				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Annapolis		At		County		MARYLAND	
	Date of death 190	3	Month	April	Day	23 <sup>rd</sup>	Age	Years	Months
	Sex	Male		Color or Race	Colored		Birth-place		
	Married, Single or Widowed				Occupation				
	Name of Wife or Husband								
	Father's Name				Father's Birthplace				
	Mother's Maiden Name				Mother's Birthplace				
Name of person giving information				How related to deceased					
				Sister					
<div>CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER	Primary	Still - Born					How long		
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
					Address				
	Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Susan Alberta Plummer

Died at <u>Jewell</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death 190	3 April	Day 12	Age 77	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>A. A. Co. Md.</u>		
Married, Single or Widowed <u>widow</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>John Wood</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Eleanor Simmons</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Thos. Phaa</u>			How related to deceased <u>Son-in-law</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>3 days</u>
Immediate	<u>66</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. H. Perrie</u>	
		Address <u>McKendree, Md.</u>	
Accident or Suicide?			



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Bester J Pointer</i>		Town <i>Annapolis</i>		County <i>AA</i>		CERTIFICATE OF DEATH	
	Died at <i>Annapolis</i>		MAYLAND					
	Date of death 1903	Month <i>April</i>	Day <i>30th</i>	Age <i>13</i>	Months	Days <i>13</i>		
	Sex <i>Female</i>	Color or Race <i>col.</i>		Birth-place <i>Annapolis</i>				
	Married, Single or Widowed		Occupation					
	Name of Wife or Husband <i>Nicholas Pointer</i>						Father's Birthplace <i>Annapolis</i>	
Father's Name		Mother's Maiden Name <i>Eliza J Stewart</i>				Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Mother</i>						How related to deceased		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Inanition</i>	How long <i>Since Birth</i>
	Immediate	<i>Asthemia</i>	How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Investigated</i>
	<i>yes</i>		Address <i>by Health Officer</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Sarah Purdy</b>		Town <b>Davidsonville</b>		County <b>aa</b>		MARYLAND	
Died at <b>Davidsonville</b>		Date of death 190 <b>3</b>		Month <b>4</b>		Day <b>18</b>	
Age <b>518</b>		Years <b>518</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Pr. Gr. Co. Md</b>			
Married, Single or Widowed <b>Married</b>		Occupation <b>Housewife</b>					
Name of Wife or Husband <b>Wm Purdy</b>							
Father's Name <b>Wm Isrimes</b>				Father's Birthplace <b>Pr. Gr. Co Md</b>			
Mother's Maiden Name <b>Anna Eline Jones</b>				Mother's Birthplace <b>Pr. Gr. Co. Md</b>			
Name of person giving information <b>Mrs. Rosae King</b>				How related to deceased <b>Daughter</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Cerebral Haemorrhage</b>		How long <b>Immediate</b>	
Immediate <b>but</b>		How long <b>—</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>B.R. Davidson</b>	
Address <b>Davidsonville Md</b>		per <b>J.W. Katin</b>	
Accident or Suicide? <b>neither</b>			



Anne Rebecca Rider

Town

County

Died at Anne Arundel 5th Dist

MARYLAND

Date 1903 182  
 Month April Day 3 Y 55 M 4 D 26 Native of Maryland Occupation housewife  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 3

Husband of Edwin A Rider  
 Wife  
 Father's Name Frederick Harmon Mother's Name Louisa Harmon

Cause of Death { Primary Cancer of Uterus How long sick 2 years  
 Immediate Cancer " " 42 Accident, Suicide, Homicide

Reported by Arthur Williams M.D.

Address Elk Ridge Home Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>aa</i>		MARYLAND	
Date of death 190	3	Month 4	Day 2	Age 5-9	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Canada</i>
Married, Single or Widowed	<i>Married</i>			Occupation			<i>Chorman</i>
Name of Wife or Husband				<i>Barbara Breckner</i>			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				<i>Jessie Lewis</i>		How related to deceased	
						<i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>About 3 weeks</i>
Immediate	<i>Asthenia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. S. Welch</i>
		Address	<i>184 Duke of Gloucester Annapolis</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

Monamed — Spanner

## CERTIFICATE OF DEATH

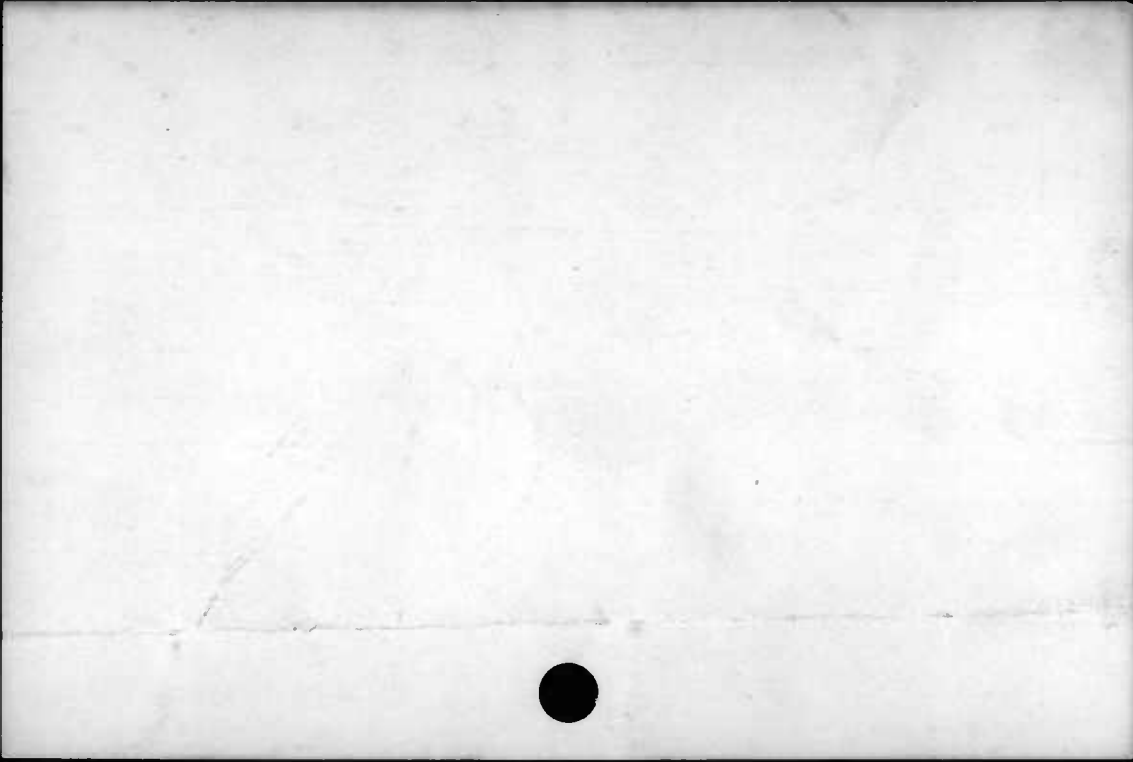
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Luthans</u> Town		<u>A A</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>April</u>	Day <u>14</u>	Years	Months	Days <u>28</u>
Sex <u>male</u>		Color or Race <u>negro</u>		Birth-place <u>Luthans</u>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Howard Green</u>			Father's Birthplace <u>A A Co</u>		
Mother's Maiden Name <u>Maggie Spanner</u>			Mother's Birthplace <u>A A Co</u>		
Name of person giving information <u>John Spanner</u>			How related to deceased <u>Grandfather</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Measles</u>	How long	<u>6</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thomas H. Branshaw</u>	
		Address <u>Shu Pennit</u>	
Accident or Suicide?			





Name  
in  
Full

A deline Stewart

## CERTIFICATE OF DEATH

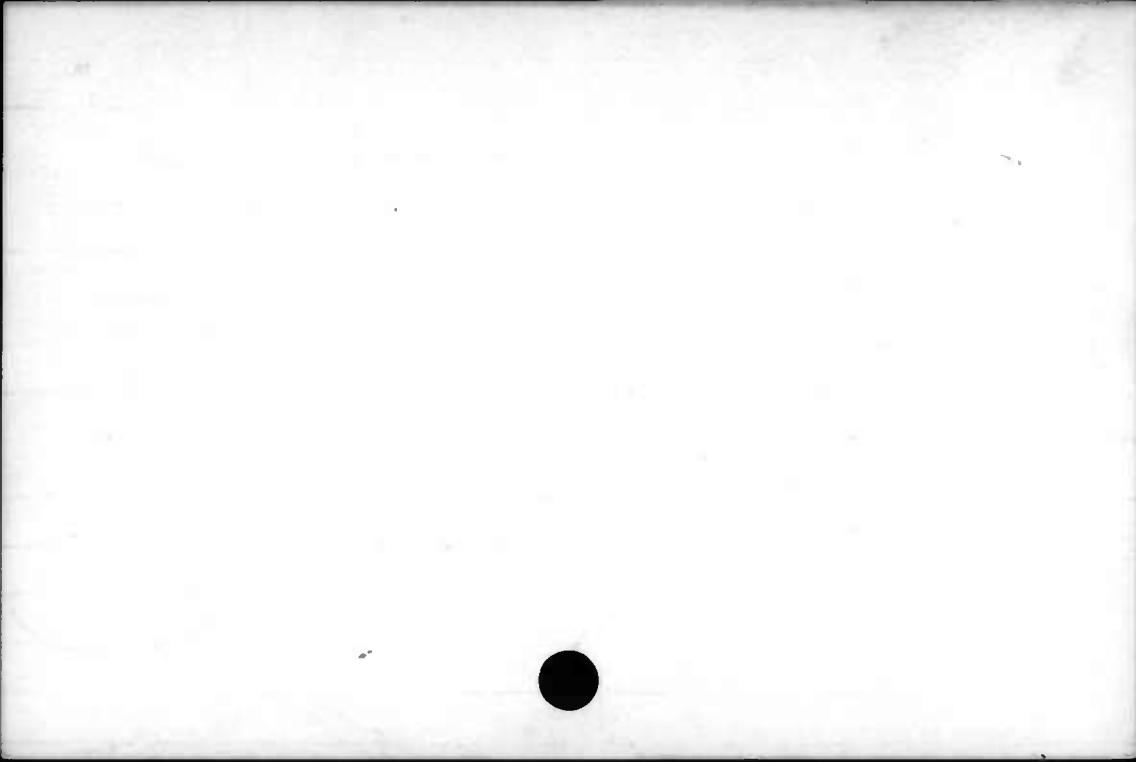
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Armigeris</i>		County <i>Anne Arundel</i>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1903	<i>April</i>	<i>26</i>	Age <i>68</i>				
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Anne Arundel</i>
Married, Single or Widowed	<i>Widowed</i>			Occupation	<i>House Keeping</i>		
Name of <del>Wife</del> Husband							
Father's Name	<i>Robert Hall</i>				Father's Birthplace	<i>a. a. co md</i>	
Mother's Maiden Name	<i>Caroline Jennings</i>				Mother's Birthplace	<i>md.</i>	
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Consumption</i>	How long	<i>2 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo H. Lerane M.D.</i>		
	Address <i>Armigeris - md</i>		
Accident or Suicide?			



Name  
in  
Full

Conrad Stoll

CERTIFICATE OF DEATH

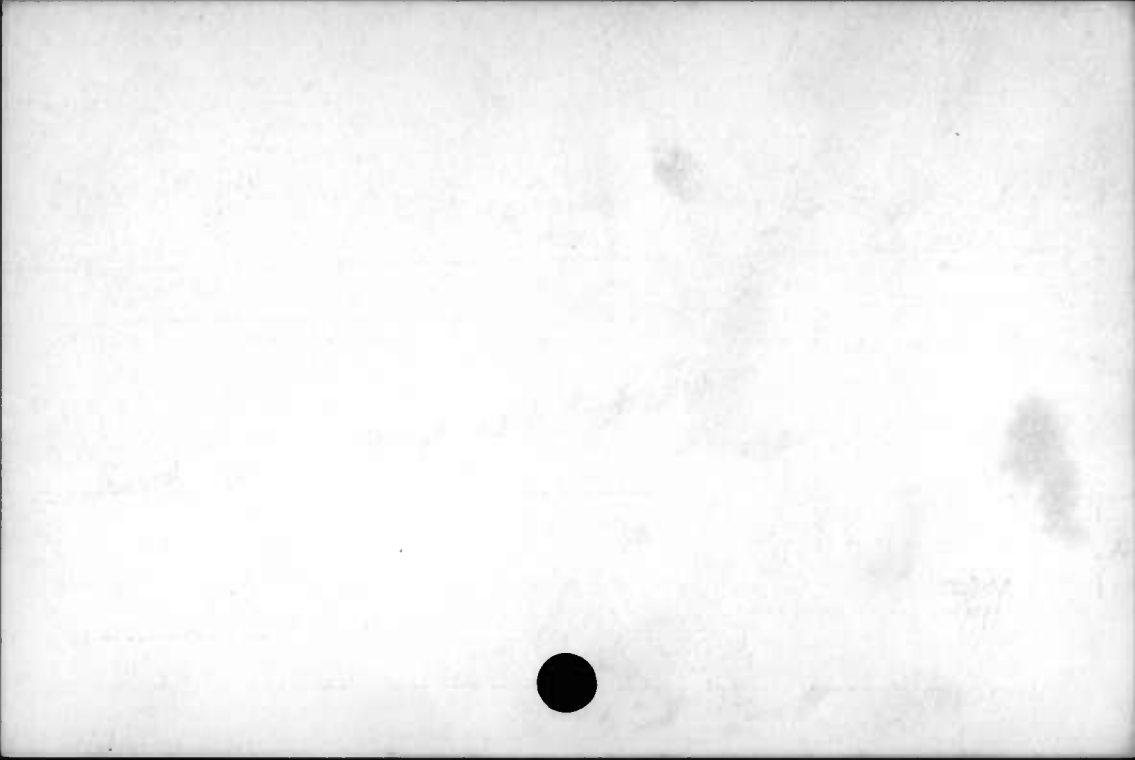
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brooklyn</i>		County <i>A. Arundel</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>24</i>	Age <i>95</i>	Months <i>3</i>	Days
Sex <i>M.</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>W.</i>			Occupation <i>Retired Farmer</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Bushman Mrs L</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>	How long
Immediate <i>Bronchitis</i>	How long <i>A few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Brulle M.D.</i>
	Address <i>516 Hanover St</i>
Accident or Suicide?	<i>Balt.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

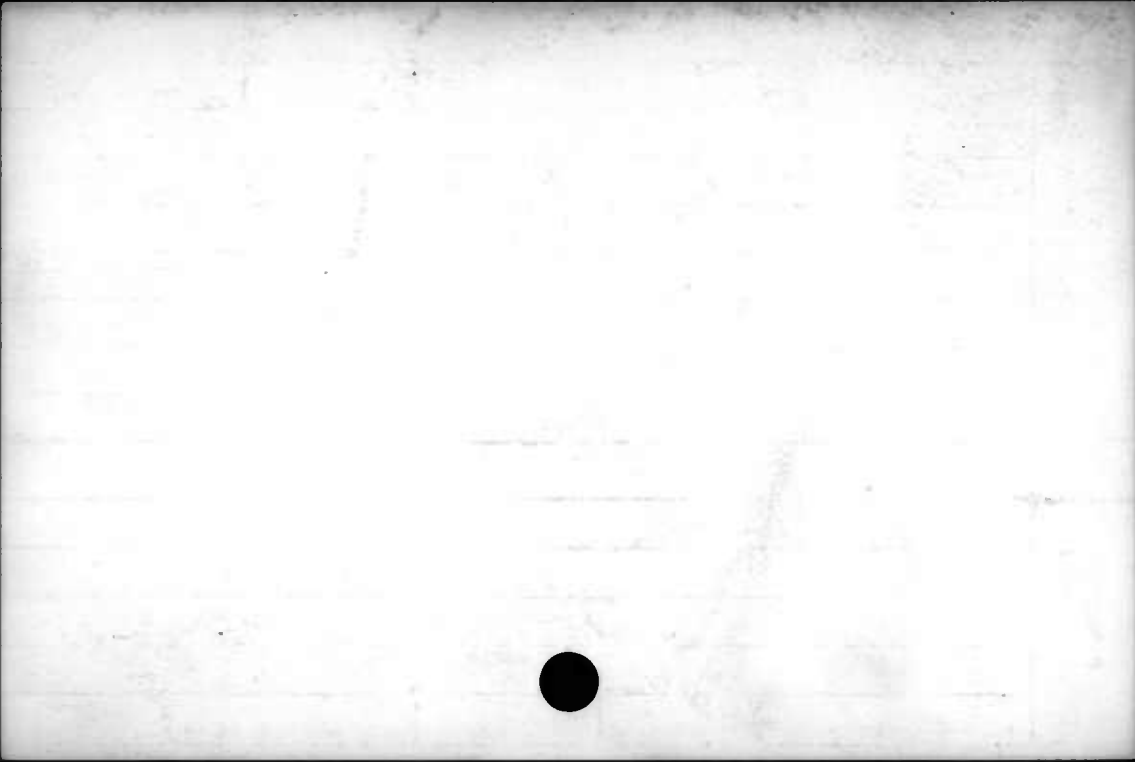
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>A A</i>		MARYLAND	
Date of death 190		3	Month 4	Day 10	Age 77	Years	Months Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Princeton, N.J.</i>			
Married, Single or Widowed <i>Widowed</i>				Occupation _____			
Name of Wife or Husband <i>Mark Perry</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Eliza Wells</i>				How related to deceased <i>Grand Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Serubility</i>	How long	
Immediate	<i>Grip</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Clement Reed, M.D.</i>	
<i>yes</i>		Address <i>2 St. John St. Annapolis, Md</i>	
Accident or Suicide?		<i>no</i>	



Name  
in  
Full

Daniel Thomas —

## CERTIFICATE OF DEATH

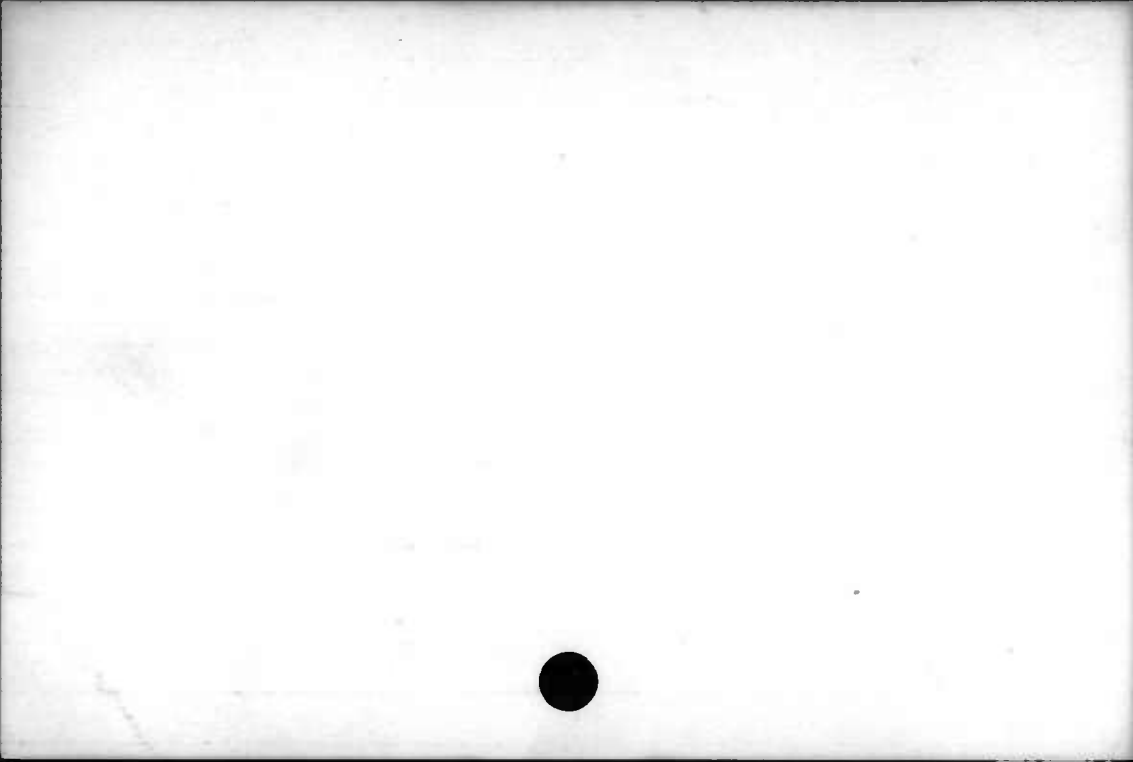
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Darkestonville</i> Town		<i>A. A.</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Apr</i>	Day <i>16</i>	Age <i>60</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>	Birthplace <i>Va</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>laborer</i>			
Name of Wife or Husband <i>Mary Thomas</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Paul Thomas</i>		<i>10</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lo Grifphet Pneumonia</i>	How long <i>5 or 6 days</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No Physician</i>
Cemetery <i>Darkestonville</i>	Address <i>J. H. Thomas</i>
Accident or Suicide?	<i>Undertaker</i>





Name  
in  
Full

Jacob Tillman Jr

## CERTIFICATE OF DEATH

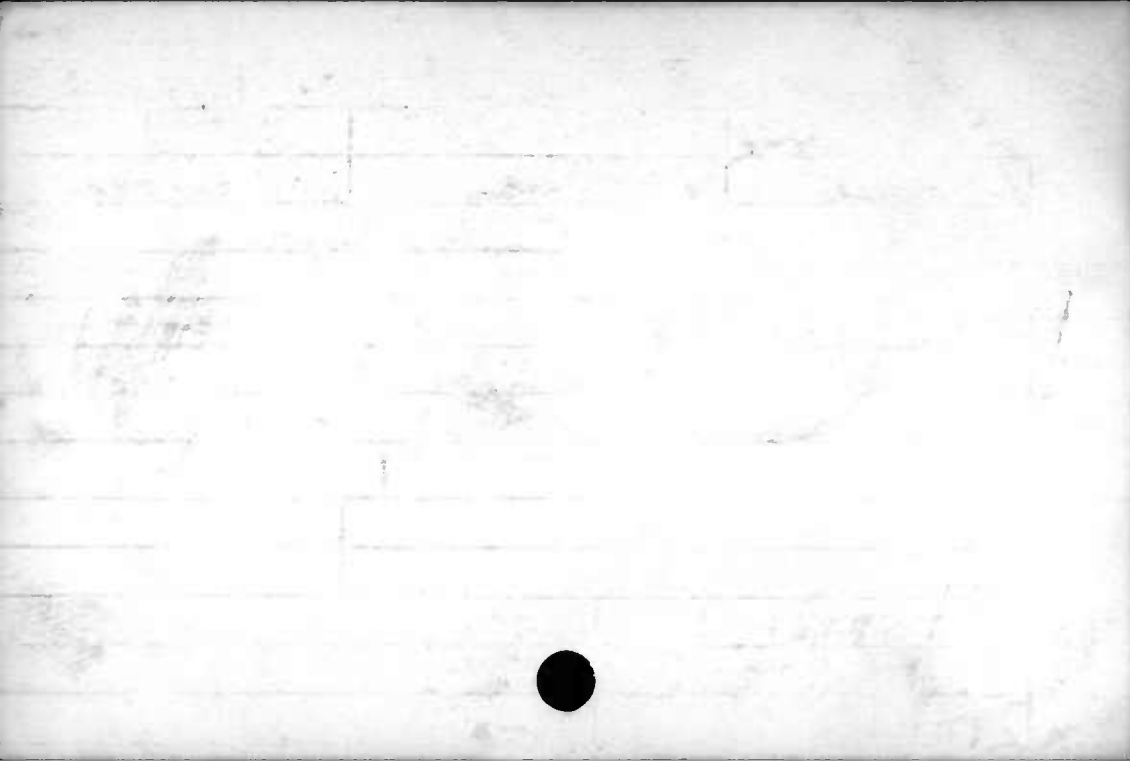
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		ds.		County		MARYLAND	
Date of death 1903		Month		Day		Years		Months	
3		April		4		27		—	
Sex		Male		Color or Race		Col		Birth-place	
3 District		Married, Single or Widowed		Married		Occupation		Oysterman	
Name of Wife or Husband		Maggie Johnson							
Father's Name		Jacob Tillman				Father's Birthplace		Md	
Mother's Maiden Name		Elycia Smith				Mother's Birthplace		Md	
Name of person giving information		Samuel R Collett				How related to deceased		Cousin	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Asphyxiated	How long	Asphyxiated
Immediate	Accident	How long	172
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. Smith	
Address		Station 1, The Beach	
Accident or Suicide		Acting Coroner	



Name in Full		Birdie Goodle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town East Port		County Act		MARYLAND	
	Date of death 190	3	Month April	Day 17 <sup>th</sup>	Age 13	Months	Days
	Sex	Female		Color or Race	colored		Birth-place
	Married, Single or Widowed			Occupation School-Girl			
	Name of Wife or Husband						
	Father's Name			Joseph Goodle		Father's Birthplace	
	Mother's Maiden Name			Jane Goodle (Dover)		Mother's Birthplace	
PHYSICIAN OR CORONER	Name of person giving information			Joseph Goodle		How related to deceased	
	Brother						
	CAUSES OF DEATH						
	Primary			Tuberculosis		How long	
Immediate			Exhaustion		Four months		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long		
Yes			John Ridout		27		
Accident or Suicide?			Address		Annapolis Md		

7/1

7/1



Name  
in  
Full

Samuel Kelli' Tucker

## CERTIFICATE OF DEATH

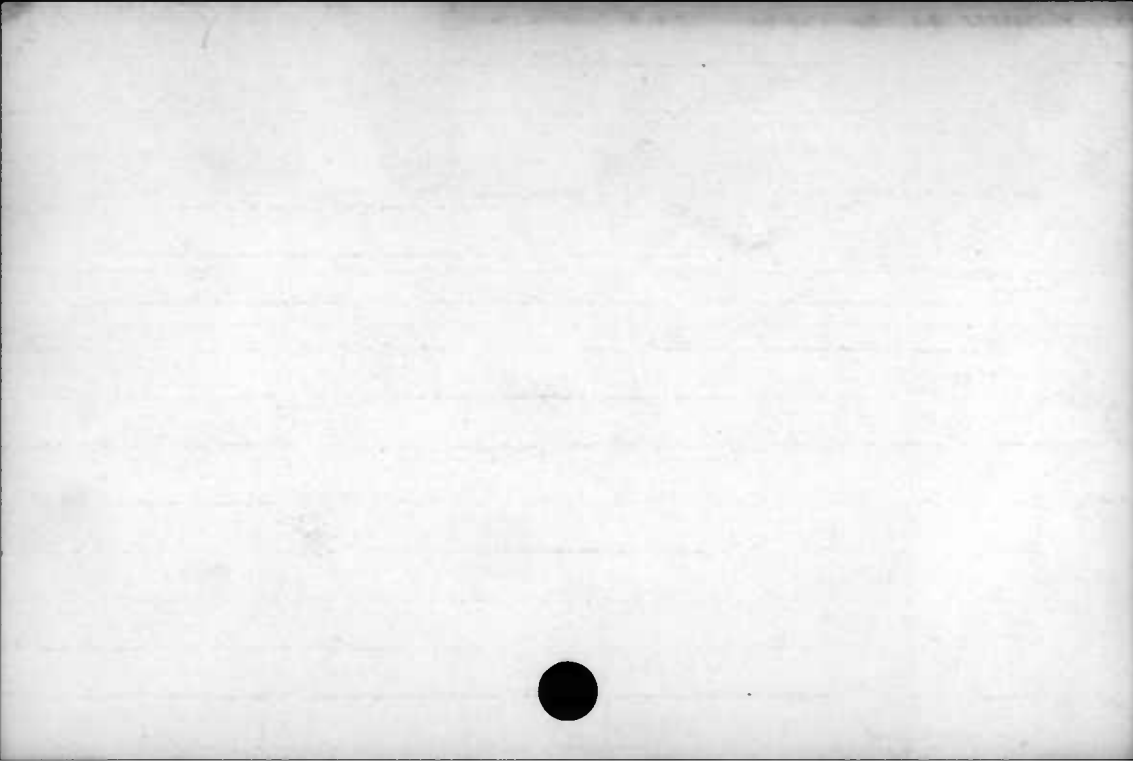
TO BE ANSWERED BY  
NEAREST FRIEND

Died at			County		MARYLAND	
Date of death 1903			Month	Day	Years	Months
4			7	3	4	4
Sex			Color or Race		Birth-place	
Male			White			
Married, Single or Widowed				Occupation		
Name of Wife or Husband						
Father's Name				Father's Birthplace		
John. Tucker						
Mother's Maiden Name				Mother's Birthplace		
Virginia Tucker						
Name of person giving Information				How related to deceased		
John. Tucker				Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough	How long	2 weeks
Immediate	" 8 "	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Geo. Wells	
No.		Address	
		Annapolis Md	
Accident or Suicide?			
No.			



Name in Full

Certificate of Death

Unknown Walls

Died at <sup>Town</sup> Harman's <sup>County</sup> Anne Arundel MARYLAND

Date 19 03 April 20 Month Day Y. M. D. Age Stillborn Native of Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~~~2~~

Husband of

~~Wife~~

Father's Name J. Summerfield Walls Mother's Maiden Name Alia Jackson

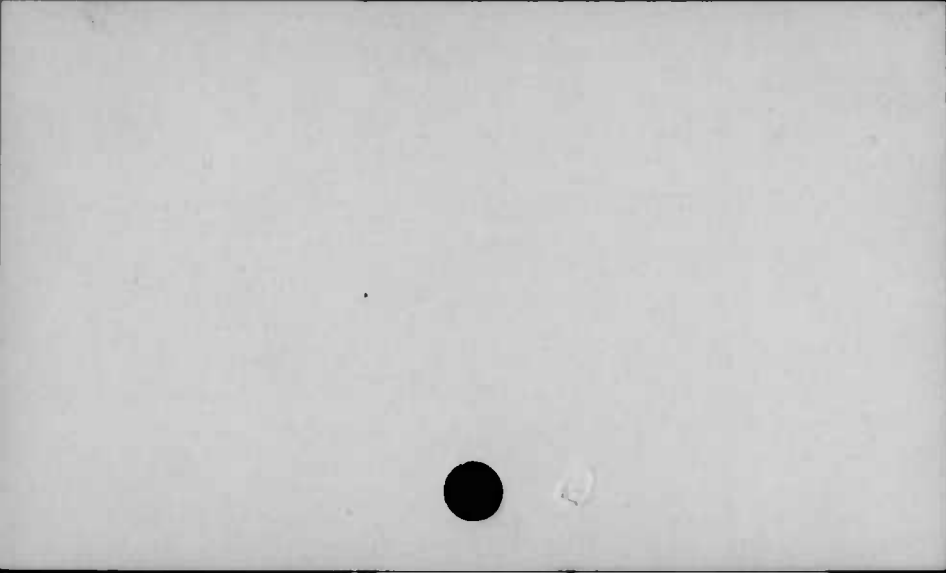
Cause of { Primary Slice Blow How long sick

Death { Immediate Compression of Brain Accident, Suicide, Homicide

Reported by C. R. Wimberson M.D.

Address Seabridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Mary Williams

Town

County

Died at

Marley

Anne Arundel

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

April 26

Age

57

Md

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

5

Husband  
of

Uriah Williams

Wife

Father's

Mother's

Name

James Spencer

Maiden Name

Harriet Johnson

Cause of

Primary

valvular disease of heart

How long sick

Death

Immediate

Dropsy

99

~~Accident, Suicide, Homicide~~

Reported by

Geo. H. Crane Md

Address

Armyer

Anne Arundel Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

